

## AMOS/STORES MATERIAL REQUEST FAX

**ORDER CONTROL:**  
*fax #2-7305*

MR# \_\_\_\_\_

# Lines \_\_\_\_\_

Date \_\_\_\_\_

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***ALL FIELDS MUST BE FILLED OUT FOR PROCESSING.  
PLEASE USE A SINGLE FORM FOR EACH AMOS SUPPLIER.***

***Ordered by information:***

**Date:** \_\_\_\_\_

**Ordered By:** \_\_\_\_\_

**Badge No.:** \_\_\_\_\_

**Cost Code:** \_\_\_\_\_

***Delivered to information:***

**Deliver to Name:** \_\_\_\_\_

**Badge No.:** \_\_\_\_\_

**Extension:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Contract No./ Supplier	Part Number	Unit of Issue	Qty.	Description	Manufacturer	Catalog Page #

**THIS FORM MUST BE USED WHEN ORDERING AMOS/STORES ITEMS BY FAX.  
ANY OTHER FAX FORM WILL BE RETURNED.**